

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

Ruthie Bain Executive Director

Phone 501-372-5071 Fax 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

RENEWAL INSTRUCTIONS

- 1. Complete the renewal application and summary sheet. The renewal request will be returned if the application and summary sheet are not completed in full and signed.
- 2. Attach an \$80 Cashier's Check or Money Order (non-refundable) made payable to the Social Work Licensing Board. NO PERSONAL CHECKS ACCEPTED
- 3. Complete the summary sheet in full. A minimum of 48 hours of social work continuing education completed during the two-year licensure period must be listed. Your renewal period is the two (2) years prior to your expiration date. {Example: If your expiration date is July 31, 2019, then your renewal period is August 1, 2017 through July 31, 2019} Of the 48 hours, no more than 20 hours will be approved for independent or Internet courses. Please list the three hours in professional ethics first on the summary sheet. Since the summary sheet is the only documentation the Board will see, it is important that you print legibly or type the information. Please do not abbreviate. Providing clear and complete information will prevent us from having to contact you for additional information. Do not send your continuing education documentation with the renewal application. You will need it later if you are selected for audit.
- 4. Mail the renewal application, \$80 renewal fee and summary sheet to the Board **postmarked no later than your expiration date.** Your social work license will expire and you will no longer be eligible to practice social work if the renewal application and other required materials are not postmarked by your expiration date. An expired license may be renewed within three months of the expiration date by submitting a signed attestation stating you have not practiced social work, the \$80 renewal fee, and the \$80 late penalty, (\$160 total).

<u>Please note</u>: This three months is <u>not</u> additional time for completing the continuing education requirement and <u>does not allow for practice after the expiration date</u>. Continuing education completed outside the two-year licensure period will not be approved. <u>A license that has expired longer than three months</u> is non-renewable.

Renewal applications will be reviewed at the next board meeting after they are received. If approved, you will be mailed an acknowledgement of license renewal and a new license card within 7-10 days after the board meeting. (The Board meets on the second Monday of each month. Deadline for each meeting is at noon on the Friday before the meeting)

You may renew your license online or download additional forms at www.arkansas.gov/swlb.

If you do not wish to renew your license, please notify the Board in writing.



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Ruthie Bain
Executive Director

Mailing Address: PO Box 251965 Little Rock, AR 72225 Street Address: 2020 West Third, Site 518 Little Rock, AR 72205 Phone 501-372-5071 Fax 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

LICENSE RENEWAL APPLICATION

Name as it appears on license:	I	icense No	 	
Current Address:	Home Phone:			
	(Cell Phone: _		
Email:	Work Email:			
Place of Employment:	v	Vork Phone:		
Place of Birth (city & state)	Gender	Race	Ethnicity	
Please answer the following questions. I explanation.	f you answer yes to any of the	questions, p	olease attach a detailed	
a. Are you currently or have you e Yes No	ever been under any investigati	on regardii	ng your professional pr	actice?
b. Have you been denied a professi Yes No	ional license in Arkansas or an	y other stat	te or jurisdiction?	
c. Have you been refused renewal	of a professional license?	Yes	_ No	
d. Have you had a professional lice	ense suspended or revoked?	Yes]	No	
e. Have you voluntarily surrender	ed a professional license? Ye	s No	0	
f. Have you had any disciplinary a Yes No	nction taken against your socia	l work licer	nse in any state?	
g. Please indicate if you or your spo one (1) year of discharge from ac			ou or your spouse is	within
 h. Have you ever been pleaded guilt (1) Any offenses specifically enu (2) Any felony; 				wing:
(3) Any crime, misdemeanor or (4) Any criminal offense, misder client trust, or abuse of the vulne found at www.arkansas.gov/swlb	meanor or felony, involving vierableYESNC	olence, dish (a copy of	f A.C.A. § 17-103-307 m	
I certify that the information that I have and belief, and I understand that any fal subsequent revocation or suspension of r	se or misleading information i			
Revised	Signatur		Date	

SUMMARY SHEET FOR REPORTING SWCE Expiration Date: _____

Name of Licensee		License No			
SWCE c profession	st all social work continuing educempleted during the licensure peonal ethics. Please list the ethical attendance, you	eriod will be approved. C cs workshop first on the	of the required 48 h	ours, three hours mus	st be in
Date	Title of Wo	orkshop	Independent Study Yes or No	Presenter or Sponsor	Hours
	Ethics:		100 01 100	_	
T 4 1 11	TC 1144 1	. 1141.6	1 1 1 4 1		
Total Ho		pace is needed, this form n			_
if audite understa revocatio	understand that in signing this ded, I will be required to submit and that any false or misleading on or suspension of my social wored. (Cashier's Check or Money O	documentation of my att g information is ground k license. I also acknowled	endance at all the s for denial of lice lge that fees are not	workshops listed. I t ense renewal or subs n-refundable. My rene	further sequent
		Signature of	Licensee	1	Date
FOR BO	ARD USE ONLY: Date Rec'd	Receipt No.	Fee \$8	30 (\$160 late fee)	=====
	Denied	Renewal Approved:		,	
11		Bo	ard Member's Signatur	re Da	te
		Audit Approved:	oard Member's Signatu	ire Da	ate



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ATTESTATION FOR RENEWAL OF SOCIAL WORK LICENSE <u>AFTER</u> EXPIRATION DATE Effective July 22, 2015, Act 1170 of 2015

The Social Work Licensing Act has been amended. The section regarding the expiration and renewal of social work licenses, codified at Arkansas Code § 17-103-304, will read as follows effective July 22, 2015:

- (c) (3) Before the expiration date of the license, the licensee shall:
 - (A) Submit a renewal application and fee online; or
 - (B) Mail the renewal application and fee to the office of the board.
- (d) (1) If a licensee fails to renew his or her license before the expiration date, the license shall lapse the last day of the month of the calendar year that is exactly two (2) years from the calendar year and month in which the license was issued.
 - (2) A license that has lapsed for a period of less than three (3) months may be renewed by submission of:
 - (A) A completed renewal application;
 - (B) A fee that is two (2) times the amount of the renewal fee specified; and
 - (C) An attestation that the licensee has not practiced social work since the day that his or her license lapsed and the licensee will not practice social work until his or her license is approved for renewal by the board.
 - (3) If a license has lapsed for three (3) months or longer, the applicant for the license shall be considered a new applicant subject to appropriate provision of this chapter.
 - (4) A license that has expired over three (3) months is not renewable.
- (e) At the time of license renewal, an applicant shall present satisfactory evidence that in the period since the license was issued, he or she has completed the continuing education requirement as required by the board.

<u>Please note</u>: This three-months is <u>not</u> additional time for completing the continuing education requirement and <u>does</u> <u>not allow for practice after the expiration date</u>. Continuing education completed outside the two-year licensure period will not be approved.

If you do not mail (postmark must be no later than expiration date) or renew your social work license online by the expiration date of your license, then your license is considered lapsed as of the expiration date and you are not eligible to practice social work, work in a social work position or call yourself a social worker until the Social Work Licensing Board (the "Board") has received and approved your application for renewal.

I, the below named licensee, attest and affirm that I have not practiced social work since the day that my license lapsed. I will not practice social work until my license is approved for renewal by the Board.

Printed Name:		License Number:	
Expiration Date of License:		Date Submitted:	
Signature:	TIL: 0 1 1	. 1	
	This form only needs to be signed if the renewal is late.		